

North Carolina has the largest American Indian population east of the Mississippi River, with almost 100,000¹ individuals of diverse tribes reporting American Indian as their primary race on the 2000 Census. An additional 30,000 individuals of more than one racial group reported being American Indian, bringing the total population of Indians in North Carolina to 131,736.

The state of North Carolina recognizes seven tribes: Eastern Band of Cherokee, Coharie, Haliwa-Saponi, Indians of Person County, Lumbee, Meherrin and Waccamaw-Siouan. In several rural North Carolina counties, American Indians make up a substantial percent of the population: Hoke (11.5%), Jackson (10.2%), Robeson (38%) and Swain (29%). Many American Indians also live in urban areas, and several important groups have formed to serve them, including the Guilford Native American Association, Cumberland County Association for Indian People, Metrolina Native American Association and Triangle Native American Society.²

Tobacco, American Indians and North Carolinian Tribes

American Indians throughout North America have diverse tribal traditions and ceremonies. Before European contact, some tribes in North Carolina used indigenous tobacco plants as part of their healing and spiritual ceremonies. Even though these traditional uses of tobacco in ceremonies were outlawed by the American government until the American Indian Religious Freedom Act in 1978, American Indian communities continued to find ways to practice their spiritual tradition. For example, some American Indian tribes incorporated manufactured tobacco products such as cigarettes or rolling tobacco, rather than indigenous cultivated tobacco, into their ceremonies, or in some cases, even used cigarettes to disguise them as spiritual practices.

Another important historical tobacco connection specific to North Carolina American Indians is trade and agriculture in tobacco. Many individuals and families from tribes in the Eastern part of the state have a long history of involvement in the cultivation of commercial tobacco and cigarette manufacturing. Both have been an important part of the North Carolina economy.

Marketing through the use of native pride and images of American Indians has created confusion as to the truly harmful affects of using tobacco in a non-traditional way. Non-Indian companies not only use Indian imagery, but also have used the terms “natural” and “additive free” in ways that mislead people into thinking that these products are more akin to American Indian values of healthy living and closeness to nature. None of these products, including American Spirit, are actually owned or profit Native Americans. However, with the introduction of Internet cigarette sales, things have gotten more complicated as tribes have begun to cash in on the profits from manufactured tobacco sales using the same stereotypical images.³



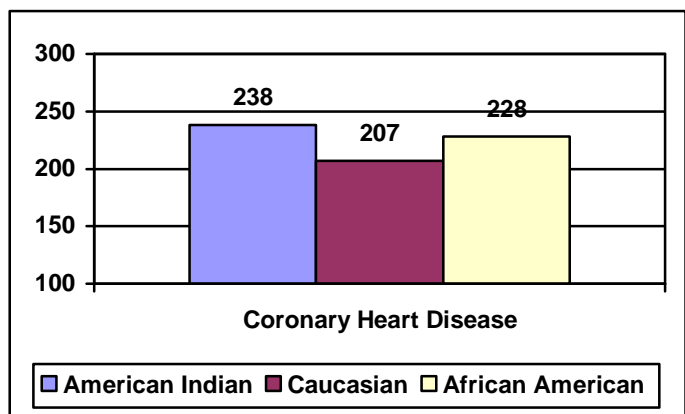
¹ <http://quickfacts.census.gov/qfd/> Accessed 1/10/05.

² For contact information, visit the Office of Minority Health at www.doa.state.nc.us/cia/indian.htm

³ *The Practical Use of Culture, Context, and History to Create Action within American Indian Tobacco Control Practice*. Paper by Lawrence Shorty. Accessed on 1/10/05 at <http://gradschool.unc.edu/natam/panels/shorty.html>

All of the above factors –history and suppression of spiritual ceremonies, tobacco economics and industry marketing -- have helped contribute to high rates of use of non-traditional tobacco use among American Indians. Unfortunately, American Indians in North Carolina are not immune from the health effects of using cigarettes and other manufactured tobacco products.

Figure 1. NC Heart Disease Rate per 100,000, 1999-2003



Carolinians, including American Indians. Among American Indians, Caucasian and African Americans, Indians had the highest rate at 238 per 100,000 population in 1999-2003 (Figure 1).

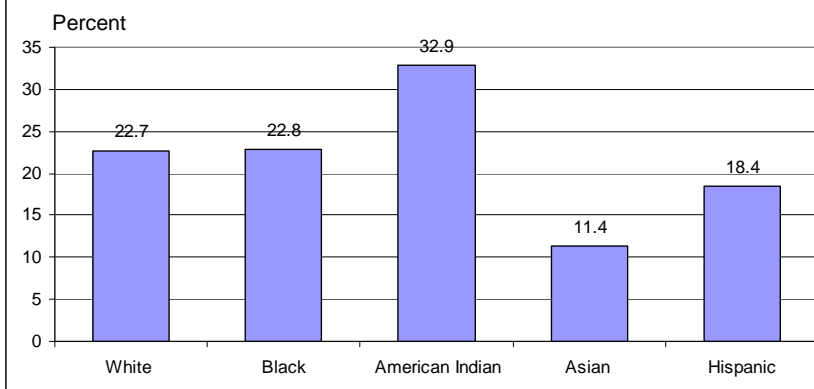
Lung diseases (COPD and lung cancer). COPD is a painful and devastating lung condition caused mainly by cigarette smoking. The COPD death rate in the American Indian community in North Carolina from 1999-2003 was 38.8 per 100,000, while the death rate among Caucasians was 50.5, among African Americans was 31.5 and among Asians was 8.4. Lung cancer was not higher among American Indians in NC, with a rate of 45.1 per 100,000 compared to 60.4 among White, 60.8 among African Americans and 20.5 among Asians.

Health statistics do not currently show higher rates of other cancers (oral, esophagus and larynx) associated with manufactured tobacco products. However, it should be noted that studies of American Indian statistics have shown that they are often misclassified on death certificates (e.g., filled out by coroners as White rather than American Indian), so rates may be under-reported.

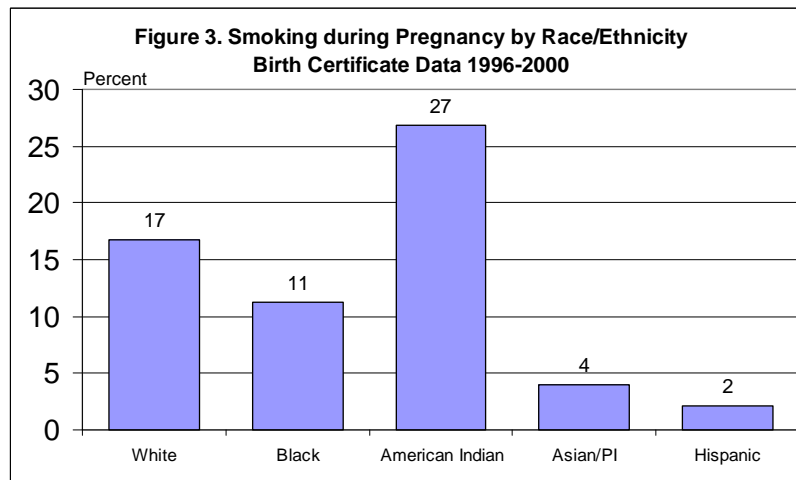
Adult Smoking Rates

American Indians show the highest rates of smoking among North Carolina's racial and ethnic groups (Figure 2), according to the Behavioral Risk Factor Surveillance Survey (BRFSS), a survey conducted every year by the North Carolina Center

Figure 2. Smoking Rates by Race/Ethnicity
BRFSS 2004



for Health Statistics.⁴ Another source of data is the birth certificates filled out and filed when



each infant is born in North Carolina. According to a summary of 5 years of data between 1996 and 2000 (Figure 3), American Indian women reported smoking more than other groups (smoking defined as one or more cigarettes per day during pregnancy). The use of tobacco products may vary by tribe or region of the state. Because of the small population, we do not have enough data to share tribal

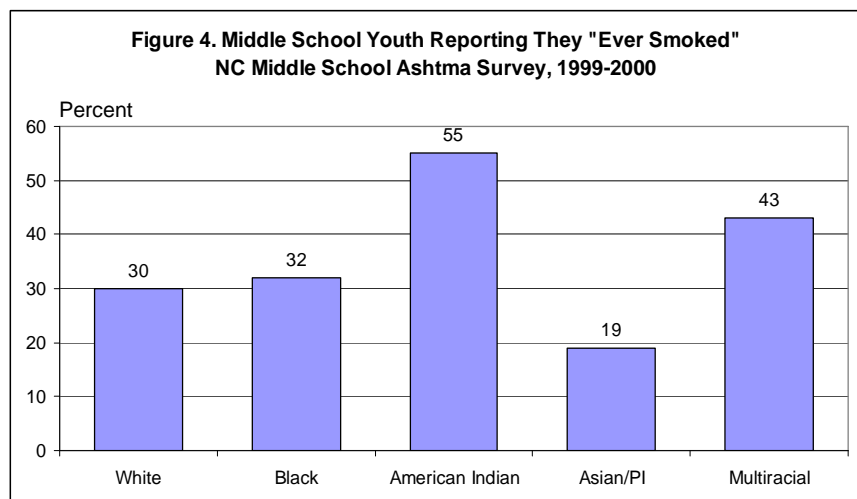
specific results or to review annual trends. However, for the past several years, the North Carolina State Center for Health Statistics and Tobacco Prevention and Control Branch have been making efforts to collect more data to provide better information in the future.

Adult Smokeless Tobacco Use

The use of smokeless tobacco causes numerous cancers and contributes to high rates of heart disease among American Indians. In North Carolina, the use of smokeless tobacco varies by tribe and by gender. Dr. Ronny Bell, an American Indian researcher in North Carolina, studied smokeless tobacco use among several groups of American Indian women. He found that American Indian women used smokeless tobacco at higher rates than non-Indian groups, with the highest use found among Lumbee women (19-22%), as compared to Cherokee women (8%).⁵

Youth Smoking Rates

American Indian youth have reported smoking at alarmingly high levels (Figure 4). The NC School Asthma Survey, a special survey conducted in 88% of the public middle schools across the state during 1999-2000, found that over 50% of American Indian youth reported having “ever smoked”; the highest among all racial/ethnic groups.



⁴ *Racial and Ethnic Differences in Health in North Carolina – 2004 Update*. NC State Center for Health Statistics. Call (919) 733-4728 or download at www.schs.state.nc.us/SCHS/pubs/. Accessed 1/10/05.

⁵ *Epidemiology of Smokeless Tobacco Use Among Native Americans*. Talk given to the Association of American Indian Physicians by Ronny A. Bell, PhD, MS, Assistant Professor, Wake Forest University School of Medicine.

Quitting

Data on quitting rates among North Carolina American Indians are limited, but 2003 and 2004 survey results from the BRFSS showed that over half of American Indians reported trying to quit in the past year. It will be critical to monitor new BRFSS data on quitting resources, and to share information about the North Carolina quitline as it becomes operational in 2005 (1800QuitNow).

Secondhand Smoke – Are American Indians Protected?

In 2004, one in three American Indian adults reported allowing smoking or having no rules about smoking in the home and one in four reported a workplace that allows smoking. Much more needs to be done to protect American Indian community members from the harmful effects of secondhand smoke, which is the smoke coming from the burning end of a cigarette or exhaled from the lungs of a smoker. Secondhand smoke has increasingly been linked to life-threatening heart or asthma attacks, and to long-term serious health conditions such as cancers, heart disease and lung diseases. It increases the risk of Sudden Infant Death Syndrome, ear infections and asthma. Asthma is a growing concern for American Indians, as they have the highest percentage of asthma reported among all cultural groups since 2002 (when BRFSS data became available).

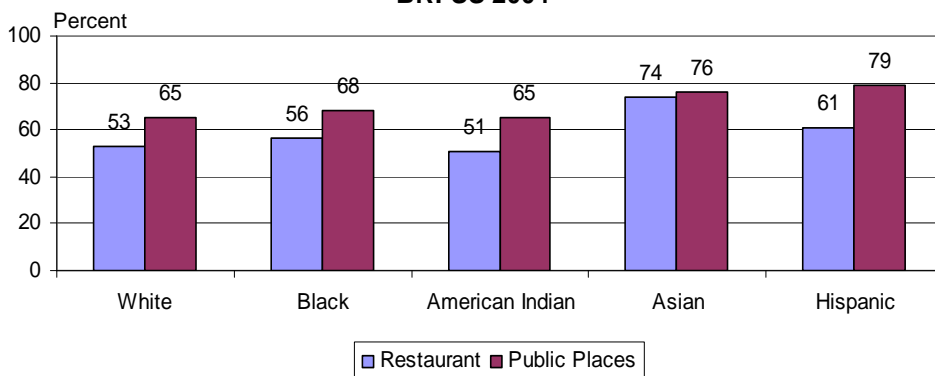
Policy Matters – Are American Indians Supportive?

The most recent 2004 BRFSS included a sample of American Indians throughout the state and asked several critical policy questions. Over 50% supported

restrictions in restaurants and 65% in public places (Figure 5). In addition, two out of three American Indians would support 25 cents or higher additional cigarette tax if money went to youth prevention or balancing the budget. These results show an emerging picture of support for secondhand smoke policy strategies which can serve as a foundation for future efforts to prevent youth smoking and help people quit.

“We must change the environment and we must remind ourselves ... Our tobacco use should be governed by the prescribed means for offering prayer(s), for planting or gathering or harvesting ... Our stories indicate what true ‘tobacco control’ should be...” Lawrence Shorty, Native wellness activist

**Figure 5. Support for Smokefree Policies by Race/Ethnicity
BRFSS 2004**



North Carolina is home to a strong group of advocates who are working to educate and protect American Indian communities from further harm. To learn more about these efforts, contact Melanie Davis, Tobacco Prevention and Control Branch, Melanie.Davis@ncmail.net.

For the latest data, go to the NC Center for Health Statistics website at www.schs.state.nc.us/SCHS/. To learn about several tribal projects, check out <http://aatchb.org/nptpp/> or the national Indian conference www.tobaccoprevention.net.